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|--|---|---|---------------------|---------------------------|------------------------|--|---|----------|----------------------------|
| Marcin Sad<br>Einar M. Sig<br>Blas Frangi<br>** CONTINUING I   | claims benefit of 6   | ork, NY;<br>Y;<br>********************************* | **                  |                           | ENTITY                 | **   |   |          |                            |
| Foreign Priority claimed  yes no  35 USC 119 (a-d) conditions  yes no Met after Allowance  Verified and Acknowledged  Examiner's Signature  Initials  ADDRESS  Michael L. Goldman  Nixon Peabody LLP |   |   |                     | STATE OR<br>COUNTRY<br>NY | DRA                    | SHEETS<br>DRAWING<br>7   |   | AL<br>MS | INDEPENDENT<br>CLAIMS<br>3 |
| 1100 Clinton Square<br>Rochester, NY14604  |   |   |                     |                           |                        |  |   |          |                            |
| TITLE<br>TREATMENT OF  | ALZHEIMER AM  | YLOID DEF   | POSITIO             | ON                        |                        |  |   |          |                            |
| FILING FEE RECEIVED No to charge/credit DEPOSIT ACCOUNT No for following:  |   |   |                     |                           |                        | All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)  1.18 Fees (Issue)  Other Credit |   |          |                            |